



# Global AIDS Program

## Program Profile — *Southern Africa Region FY2004*

*Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.*



### About GAP

#### Southern Africa Region

**Year Established:** 2003

**FY 2004 Core Funds:** \$1 million

**FY2004 Emergency Plan Funds:** \$2 million US\*

**In-country Staffing:** 2 CDC Direct Hires

The mission of the Southern Africa Regional Office is to support GAP programs in Southern Africa (Angola, Botswana, Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe) and to provide selected program assistance to Swaziland and Lesotho, which are countries which do not currently have a CDC or U.S. Agency for International Development (USAID) presence.

### HIV/AIDS Situation in the Southern Africa Region

**Number of HIV-infected individuals in Angola:** 240,00<sup>1</sup>

**Number of HIV-infected individuals in Botswana:** 350,000<sup>1</sup>

**Number of HIV-infected individuals in Lesotho:** 320,000<sup>1</sup>

**Number of HIV-infected individuals in Malawi:** 900,000<sup>1</sup>

**Number of HIV-infected individuals in Mozambique:** 1.3 million<sup>1</sup>

**Number of HIV-infected individuals in Namibia:** 210,000<sup>1</sup>

**Number of HIV-infected individuals in South Africa:** 5.3 million<sup>1</sup>

**Number of HIV-infected individuals in Swaziland:** 220,000<sup>1</sup>

**Number of HIV-infected individuals in Zambia:** 920,000<sup>1</sup>

**Number of HIV-infected individuals in Zimbabwe:** 1.8 million<sup>1</sup>

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), sub-Saharan Africa has approximately 10 percent of the world's population, but is home to 70 percent of all people living with HIV. In 2003, an estimated 3 million people became newly infected with HIV, while 2.2 million people died of AIDS. Of the estimated 10 million young people aged 15-24 living with HIV worldwide, 62 percent reside in Sub-Saharan Africa. More than 11 million children under the age of 15 in sub-Saharan Africa have lost at least one parent to HIV/AIDS.

Within sub-Saharan Africa, Southern Africa remains the world's most affected region. Of the 10 countries in the region seven have adult HIV prevalence rates above 15 percent<sup>1</sup>. Both Botswana and Swaziland have HIV prevalence rates between 35 percent and 39 percent, followed by Lesotho (31.7 percent), Zimbabwe (24.6 percent), South Africa (21.5 percent), Namibia (21.3 percent), and Zambia (16.5 percent). In each of these countries, the HIV epidemic is generalized and reaches all segments of society rather than being confined to selected populations.

Heterosexual transmission is the predominant mode of HIV transmission and 57 percent of infected adults are women, and 75 percent of young people infected are women and girls. There are several factors contributing to HIV transmission in Southern Africa including sexual violence, population mobility, poverty, social instability, high levels of other sexually transmitted diseases (STI), the low status of women, lack of access to prevention efforts, inadequate public health infrastructure, stigma, and discrimination.

**Website:**  
[www.cdc.gov/gap](http://www.cdc.gov/gap)



<sup>1</sup> UNAIDS, Report of the Global AIDS Epidemic, 2004.

\* Supplemental Funds received through the President's Emergency Plan for AIDS Relief.



# FY2004 GAP Southern Africa Region Achievements

## **Critical Interventions for HIV/AIDS Prevention**

- ◆ Supported the World Health Organization (WHO)/UNAIDS Regional Meeting for voluntary HIV counseling and testing (VCT).
- ◆ Established plans to develop stand alone VCT sites in Swaziland and Lesotho.

## **Critical Intervention for HIV/AIDS Surveillance and Infrastructure Development**

- ◆ Supported the regional Public Health Laboratory Network meeting in Johannesburg, South Africa, May 4-6, 2004.
- ◆ Facilitated and participated in the U.S. Government Rapid Appraisal of Lesotho and Swaziland.
- ◆ Provided ongoing support to UNAIDS regional office in planning for and implementation of Regional monitoring and evaluation (M & E) meeting.
- ◆ Visited Lesotho to discuss the need for and feasibility of a) national data needs assessment; b) formative study of barriers to VCT service utilization; and c) linkages between VCT and other community-based HIV and AIDS programs.
- ◆ Participated in assessments in Swaziland and Lesotho to inform the design of USAID- and CDC-supported HIV/AIDS prevention, care, support and treatment programs and to improve performance and greater program/resource integration in addressing the HIV/AIDS pandemic.